	राज्य का नाम	स्थान
8.	तमिलनाडु	चेन्नई
9.	केरल	तिरुवनन्तपुरम
10.	असम	गुवाहटी
11.	पश्चिम बंगाल	कलकत्ता
12.	उडीसा	भुवनेश्वर
13.	आन्ध्र प्रदेश	हैदराबाद
14.	राजस्थान	जयपुर

रांची और भुवनेश्वर में के0स0स्वा0 योजना की सुविधाएं केवल महालेखाकार कार्यालय के कर्मचारियों के लिए है।

इस योजना के अन्तर्गत प्रदान की गई सुविधाओं में एलेपैथिक औषधालयों तथा आयुर्वेदिक, होमियोपैथिक, यूनानी, सिद्ध चिकित्सा पद्धतियों की सुविधाओं के नेटवर्क के माध्यम से वाहय रोगी परिचर्या प्रदान करना है। के0स0स्वा0 योजना के अन्तर्गत आने वाले अधिकांश शहरों में पॉलीक्लिनिकों, डेंटल यूनिटों, प्रयोगशालाओं, एक्सरे जांच का व्यापक नेटवर्क भी मौजूद है । इसके अतिरिक्त के0स0स्वा0 योजना के अन्तर्गत आने वाले अधिकांश शहरों में के0स0स्वा0 योजना के अन्तर्गत मान्यता प्राप्त कुल 229 प्राइवेट अस्पताल भी हैं, जो अंतरंग रोगी उपचार एवं जांच कार्य आदि करते है।

(ख) हिमाचल प्रदेश में केन्द्रीय सरकार स्वास्थय योजना की सुविधाएं नही है और निधियों तथा जनशक्ति की कमी के कारण इस समय हिमाचल प्रदेश में के0स0स्वा0 योजना की सेवाएं प्रदान करने का कोई प्रस्ताव नही है।

Promotional avenues for Hindi Staff of Central Research Institute

1917. SHRI RAJ NATH SINGH:
SHR1MTI MALTI SHARMA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Parliamentary Committee on Official Language, during its inspection of Central Research Institute, Kasauli on 18th November, 1992, impressed for creating promotional avenues for Hindi Staff of that Institution;

(b) if so, the action taken to implement there orders at the Institute; and

(c) if not, reasons therefor and the probable date of implementation?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) On 18.11.92, an assurance was *inter-alia* given by the Central Research Institute, Kasauli to the Parliamentary Committee on Official Language that additional posts will be created for providing promotional avenues for the incumbents.

However, the proposal to upgrade existing posts was not agreed to as it was not in continuity with the staffing norms laid down.

Steep rise in AIDS cases

1918. SHRIMATI BASANTI SARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the steep rise in AIDS cases in different cities of the country as on 31st January, 1999; and

(b) the remedial action taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) According in available information the number of AIDS cases city-wise are as follows:

	1996	1997	1998
Chennai	301	545	801
Mumbai	225	590	699
Delhi	64	66	65
Bangalore	11	19	19
Imphal	84	61	42
Chandigarh	39	50	44
Indore	10	31	44

(b) In order to prevent and control the spread of HIV/AIDS in lndia a comprehensive programme is currently under implemention throughout the country as a centrally sponsored scheme. The main strategies consist of:

— Strengthening Programme management capabilities at Central and State levels.

— creation of awareness amongst high risk behaviour groups and general public about HIV/AIDS.

— Control of Saxually Transmitted Diseases and condom promotion.

— Promoting blood safety and rational use of blood through proper licensing of blood banks and encouraging voluntary blood donation.

— Strengthening capacity for surveillcnce and diagnosis; and

— Extending training in clinical management of HIV/AIDS.

Demand for Hepatitis 'B' vaccine

1919. DR. M.N. DAS: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that a great demand for Hepatitis 'B' Vaccine has recently been created in our country through propaganda and a fear psychosis has prompted richer sactions of society to go in for it even though the cost of the vaccine is too high;

(b) if so, whether Government have obtained judicious opinion of medical experts and approved of the use of the vaccine; and

(c) if so, what strategy the Ministry has adopted to control or eradicate hepatitis 'B' infection from the country?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Hopatitis-B is a public health problem in India where an estimated 3-5% of population or 43 millions people in lndia may be carriers of the 1 lepatilis-B Virus.

(b) Hepatitis-B is now a vaccine-preventable disease. Immunisation with available vaccines provides the possibilities of eliminating this virus.

(e) The following measures have been taken to control hepatitis-B infection:

— Mandatory screening of blood at blood banks.

— Health education activities to promote safe sex behaviour under the National AIDS Control Programme.

— Instructions issued to the Health Authorities for use of a separate sterile syringe and needle for each injection..

— Central Government hospitals' personnel at high risk to be immunized. State Governments have been advised to take similar steps.

Excess Thyroid by Consumption of Iodine

1920. SHRI CO. POULOSE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether excess consumption, that is more than the human body needs of Iodine, cause Thyroid problem;

(b) the reasons for increasing number of Thyroid patients in the country; and

(c) the total number of Thyroid and Goitre patients reported in pre-banned period of iodised salt?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) According to the Indian Council for Medical Research, the optimal requirement of iodine is 150Ug/ person per day. However intake of iodine upto l000Ug/day is consistent with normal function and is considered safe.